

B1 (Official Form 1)(04/13)

| United States Bankruptcy Court Western District of Texas | | Voluntary Petition | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------------------|--|--------------------------|---|-------------------------------------|-------------------------------------|--------------------------------|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------|-----------------------|------------------------|--------------------------|-----------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|-----------------------|--|--|
| Name of Debtor (if individual, enter Last, First, Middle): Reyes, Roman | | Name of Joint Debtor (Spouse) (Last, First, Middle): Reyes, Yvonne Iris | | | | | | | | | | | | | | | | | | | | | | | |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): | | All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): AKA Yvonne I. Reyes; AKA Yvonne Reyes; DBA USANA | | | | | | | | | | | | | | | | | | | | | | | |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all) xxx-xx-8225 | | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-2486 | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address of Debtor (No. and Street, City, and State): 108 Lake Arrow Head Dr. El Paso, TX | | Street Address of Joint Debtor (No. and Street, City, and State): 108 Lake Arrow Head Dr. El Paso, TX | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP Code 79928 | | ZIP Code 79928 | | | | | | | | | | | | | | | | | | | | | | | |
| County of Residence or of the Principal Place of Business: El Paso | | County of Residence or of the Principal Place of Business: El Paso | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address of Debtor (if different from street address): | | Mailing Address of Joint Debtor (if different from street address): | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP Code | | ZIP Code | | | | | | | | | | | | | | | | | | | | | | | |
| Location of Principal Assets of Business Debtor (if different from street address above): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Debtor (Form of Organization) (Check one box) | | Nature of Business (Check one box) | | Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) | | <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other | | <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 | | | | | | | | | | | | | | | | | | | | | |
| Chapter 15 Debtors Country of debtor's center of main interests: Each country in which a foreign proceeding by, regarding, or against debtor is pending: | | TAX-EXEMPT ENTITY (Check box, if applicable) | | Nature of Debts (Check one box) | | | | | | | | | | | | | | | | | | | | | |
| | | <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code). | | <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts. | | | | | | | | | | | | | | | | | | | | | |
| Filing Fee (Check one box) | | Check one box: <input type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. | | Chapter 11 Debtors Check if: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). | | | | | | | | | | | | | | | | | | | | | |
| | | | | Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | | | | | | | | | | | | | | | | | | | | |
| Statistical/Administrative Information <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. | | | | THIS SPACE IS FOR COURT USE ONLY | | | | | | | | | | | | | | | | | | | | | |
| Estimated Number of Creditors <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>OVER 100,000</td> </tr> </table> | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1-49 | 50-99 | 100-199 | 200-999 | 1,000-5,000 | 5,001-10,000 | 10,001-25,000 | 25,001-50,000 | 50,001-100,000 | OVER 100,000 | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| 1-49 | 50-99 | 100-199 | 200-999 | 1,000-5,000 | 5,001-10,000 | 10,001-25,000 | 25,001-50,000 | 50,001-100,000 | OVER 100,000 | | | | | | | | | | | | | | | | |
| Estimated Assets <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | | | | | | | | | | | | | |
| Estimated Liabilities <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| \$0 to \$50,000 | \$50,001 to \$100,000 | \$100,001 to \$500,000 | \$500,001 to \$1 million | \$1,000,001 to \$10 million | \$10,000,001 to \$50 million | \$50,000,001 to \$100 million | \$100,000,001 to \$500 million | \$500,000,001 to \$1 billion | More than \$1 billion | | | | | | | | | | | | | | | | |

| | | |
|---|---------------|--|
| Voluntary Petition <i>(This page must be completed and filed in every case)</i> | | Name of Debtor(s): Reyes, Roman Reyes, Yvonne Iris |
| All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) | | |
| Location Where Filed: - None - | Case Number: | Date Filed: |
| Location Where Filed: | Case Number: | Date Filed: |
| Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) | | |
| Name of Debtor: - None - | Case Number: | Date Filed: |
| District: | Relationship: | Judge: |
| Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) | | Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b). |
| <input type="checkbox"/> Exhibit A is attached and made a part of this petition. | | X /s/ Miguel Flores Signature of Attorney for Debtor(s) Miguel Flores 24036574 (Date) |
| Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? | | |
| <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No. | | |
| Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) | | |
| <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. | | |
| Information Regarding the Debtor - Venue (Check any applicable box) | | |
| <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. | | |
| Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) | | |
| <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) | | |
| <hr/> (Name of landlord that obtained judgment) | | |
| <hr/> (Address of landlord) | | |
| <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)). | | |

B1 (Official Form 1)(04/13)

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Reyes, Roman
Reyes, Yvonne Iris****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.
 [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.
 [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Roman ReyesSignature of Debtor **Roman Reyes****X /s/ Yvonne Iris Reyes**Signature of Joint Debtor **Yvonne Iris Reyes**

Telephone Number (If not represented by attorney)

September 28, 2015

Date

Signature of Attorney***X /s/ Miguel Flores**

Signature of Attorney for Debtor(s)

Miguel Flores 24036574

Printed Name of Attorney for Debtor(s)

Attorney for Tanzy & Borrego Law Offices, P.L.L.C.

Firm Name

**2610 Montana Avenue
El Paso, TX 79903-3712**

Address

**Email: tanzy_borrego@hotmail.com
(915) 566-4300 Fax: (915) 566-1122**

Telephone Number

September 28, 2015

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

X

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

**UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF TEXAS
EL PASO DIVISION**

In Re: Roman Reyes
Yvonne Iris Reyes

Case No.
Chapter 13

STATEMENT

Petitioners are qualified to file this Petition and are entitled to the benefits of Title 11, United States Code as voluntary Debtors, having not been Debtors in a case pending under this Title at any time in the preceding 180 days in which the case was dismissed by the Court for willful failure to abide by order of the Court, or to appear before the Court in the proper prosecution of the case, or in a case where the voluntary dismissal of a case was requested and obtained following the filing of a request for Relief from the Automatic Stay Provided by Section 362 of Title 11, United Stated Code.

9/28/2015
Dated On

/s/ Roman Reyes
Roman Reyes
Joint Individual Debtor

/s/ Yvonne Iris Reyes
Yvonne Iris Reyes
Joint Individual Debtor

TB#34700

**United States Bankruptcy Court
Western District of Texas**

In re Roman Reyes
Yvonne Iris Reyes

Debtor(s)

Case No.
Chapter

13

VERIFICATION OF CREDITOR MATRIX

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: September 28, 2015

/s/ Roman Reyes

Roman Reyes

Signature of Debtor

Date: September 28, 2015

/s/ Yvonne Iris Reyes

Yvonne Iris Reyes

Signature of Debtor

AES/Sun Trust Bank
POB 61047
Harrisburg, PA 17106

AT & T
Bankruptcy Department
P.O. Box 769
Arlington, TX 76004

AT & T
c/o Diversified Consultants, Inc.
P.O. Box 551268
Jacksonville, FL 32255

Attorney General
10th & Constitution N.W.
Main Justice Bldg. #5111
Washington, DC 20530

Austin Radiology Association
901 W 38th St #100
Austin, TX 78705

Austin Radiology Association
c/o Credit Management
4200 International Parkway
Carrollton, TX 75007

Capital One Bank
P.O. Box 30281
Salt Lake City, UT 84130

Capital One Bank
c/o CBE Group
1309 Technology Pkwy
Cedar Falls, IA 50613

Capital One Bank
c/o Portfolio Recovery Associates
140 Corporate Blvd
Norfolk, VA 23502

Central Texas Spine Institute
6818 Austin Ctr Blvd
Ste 200
Austin, TX 78731

Chamizal Emergency Physicians
P.O. BOX 98620
Las Vegas, NV 89193

Chamizal Emergency Physicians
c/o Common Wealth
245 Main St
Scranton, PA 18519

Check N Go
6560 Montana Ave
El Paso, TX 79925

Citibank
Box 6000
The Lakes, NV 89163-6000

Citibank
c/o Rausch, Sturm, Israel, Enerson&Hornik
15660 N. Dallas Parkway
Suite #350
Dallas, TX 75248

Citibank
c/o Portfolio Recovery Associates
120 Corporate Blvd
Ste 100
Norfolk, VA 23502

Citibank
Box 6000
The Lakes, NV 89163-6000

Citibank
c/o Portfolio Recovery Associates
120 Corporate Blvd
Ste 100
Norfolk, VA 23502

Conn Appliance, Inc
P.O. Box 2358
Beaumont, TX 77704-2358

David Turbay, MD
5959 Gateway Blvd W Ste 120
El Paso, TX 79925-3315

El Paso Children's Hospital
4845 Alameda Ave
El Paso, TX 79905

El Paso Orthopaedic Surgery
P.O. Box 910329
Dallas, TX 75391-0329

El Paso Orthopaedic Surgery
c/o Financial Corporation of America
12515 Research Blvd Bldg 2 ste 100
Austin, TX 78720-3500

FHA/HUD
451 7th Street S.W.
Washington, DC 20410

GE Capital
Attn: Bankruptcy Dept.
P.O. Box 103106
Roswell, GA 30076

GE Capital
c/o Midland Funding LLC
8875 Aero Dr.
Suite 200
San Diego, CA 92123

GE Capital
Attn: Bankruptcy Dept.
P.O. Box 103106
Roswell, GA 30076

GE Capital
Attn: Bankruptcy Dept.
P.O. Box 103106
Roswell, GA 30076

GE Capital
c/o Midland Funding LLC
8875 Aero Dr.
Suite 200
San Diego, CA 92123

Greater Dallas Healthcare Enterprise
P.O. Box 840711
Dallas, TX 75284

Harley-Davidson Credit Corp
3850 Arrowhead Dr
Carson City, NV 89706

Internal Revenue Service
Special Procedures Staff - Insolvency
P.O. Box 7346
Philadelphia, PA 19101-7346

JC Penney/Syncb
Attn: Bankruptcy Dept
P.O Box 965007
Orlando, FL 32896

Jefferson Capital Systems
16 McLeland Road
Saint Cloud, MN 56303

Jefferson Capital Systems
c/o First National Collection Bureau
610 Waltham Way
Sparks, NV 89434

Jose L. Diaz-Pagan, M.D.
8230 Gateway East
El Paso, TX 79907

Jose L. Diaz-Pagan, M.D.
8230 Gateway East
El Paso, TX 79907

Kohl's
P.O. Box 3043
Milwaukee, WI 53201-3043

Kohl's
c/o Credit Control, LLC
5757 Phantom Dr
Ste 330
Hazelwood, MO 63042

Kohl's
c/o RPM
20816 44th Ave W
Lynnwood, WA 98036

Merrick Bank
P.O. Box 9201
Old Bethpage, NY 11804

Merrick Bank
P.O. Box 9201
Old Bethpage, NY 11804

Music Arts Center
4626 Wedgewood Blvd
Frederick, MD 21703

Music Arts Center
c/o A-1 Collection Service
101 Grovers Mill Rd
Suite 303
Lawrence Township, NJ 08648

Navient
P.O. Box 9500
Wilkes Barre, PA 18773

Orthopaedic Specialists Austin
4611 Guadalupe St
Ste 200
Austin, TX 78751-2928

Park University
639 Merritt Rd
El Paso, TX 79906

Park University
c/o Enterprise Recovery Systems, Inc.
2000 York Rd
Suite 114
Oak Brook, IL 60523

Priority Communication
P.O. Box 1667
Southgate, MI 48195-0667

Progressive Insurance
P.O. Box 94504
Cleveland, OH 44101

Progressive Insurance
c/o Credit Collection Services
P.O. Box 9134
Needham Heights, MA 02494-9134

Providence Memorial Hospital
2001 North Oregon
El Paso, TX 79902

Providence Memorial Hospital
c/o Central Financial Control
P.O. Box 660873
Dallas, TX 75266

Regional Finance
8720 Alameda Ave.
Suite A
El Paso, TX 79907

Salud y Vida, P.A.
Family Medicine
Attn: Claims Department
8030 North Loop Drive
El Paso, TX 79915

Salud y Vida, P.A.
c/o Perez & Associates
2731 Montana Ave.
Ste. #B-2
El Paso, TX 79903

Summit Urgent Care Center
1400 George Dieter, Ste-100
El Paso, TX 79936

Summit Urgent Care Center
c/o CAC Financial Corp
2601 NW EXPWY
Oklahoma City, OK 73112

Sunwest Anesthesia Management
7300 Remcon
Suite 200
El Paso, TX 79912

Tax Assessor/Collector
P.O. Box 2992
El Paso, TX 79902

Teachers FCU
12020 Rojas Drive
El Paso, TX 79936

Teachers FCU
12020 Rojas Drive
El Paso, TX 79936

Teachers FCU
12020 Rojas Drive
El Paso, TX 79936

The Home Depot
Attn: Inquiries
P.O. Box 790328
Saint Louis, MO 63179

Trinity Gastroenterology
3270 Joe Battle Blvd. Suite 265
El Paso, TX 79938

U.S Department of Education
2401 International
PO Box 7859
Madison, WI 53704

U.S Department of Education
c/o Great Lakes Educational Loan Service
P.O. Box 7860
Madison, WI 53707

U.S. Attorney/FHA/HUD/IRS/VA
601 N.W. Loop 410
Suite 600
San Antonio, TX 78216

USAA Federal Savings Bank
10750 McDermott Fwy
San Antonio, TX 78288-0596

USAA Saving Bank
10750 McDermontt
San Antonio, TX 78288

Veterans Administration
Attn: Support Services Division (243)
701 Clay Avenue
Waco, TX 76799-0001

Wal-Mart/Syncb
Attn: Bankruptcy Department
P.O. Box 965024
Orlando, FL 32896

Wal-Mart/Syncb
Attn: Bankruptcy Department
P.O. Box 965024
Orlando, FL 32896

Wells Fargo
P.O. Box 5943
Sioux Falls, SD 57117

WELLS FARGO HOME MORTGAGE
P.O. BOX 10335
Des Moines, IA 50306-0335

World Finance
P.O. Box 6429
Greenville, SC 29606

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Western District of Texas**

In re Roman Reyes
Yvonne Iris Reyes

Debtor(s)

Case No.

Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Roman Reyes
Roman Reyes

Date: September 28, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court
Western District of Texas**

In re Roman Reyes
Yvonne Iris Reyes

Debtor(s)

Case No.

Chapter

13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Yvonne Iris Reyes
Yvonne Iris Reyes

Date: September 28, 2015

United States Bankruptcy Court
Western District of Texas

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

Chapter _____

13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|-------------------|-------------------|-------------------|-----------------|
| A - Real Property | Yes | 1 | 69,380.00 | | |
| B - Personal Property | Yes | 3 | 33,359.00 | | |
| C - Property Claimed as Exempt | Yes | 1 | | | |
| D - Creditors Holding Secured Claims | Yes | 2 | | 85,933.00 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes | 2 | | 3,100.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | Yes | 15 | | 68,454.00 | |
| G - Executory Contracts and Unexpired Leases | Yes | 1 | | | |
| H - Codebtors | Yes | 1 | | | |
| I - Current Income of Individual Debtor(s) | Yes | 2 | | | 5,830.00 |
| J - Current Expenditures of Individual Debtor(s) | Yes | 2 | | | 5,300.00 |
| Total Number of Sheets of ALL Schedules | | 30 | | | |
| | Total Assets | | 102,739.00 | | |
| | | Total Liabilities | | 157,487.00 | |

United States Bankruptcy Court
Western District of Texas

In re **Roman Reyes,
Yvonne Iris Reyes** Case No. _____

Debtors Chapter **13** _____

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|------------------|
| Domestic Support Obligations (from Schedule E) | 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00 |
| Student Loan Obligations (from Schedule F) | 13,091.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | 0.00 |
| TOTAL | 13,091.00 |

State the following:

| | |
|---|------------------|
| Average Income (from Schedule I, Line 12) | 5,830.00 |
| Average Expenses (from Schedule J, Line 22) | 5,300.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 10,324.68 |

State the following:

| | | |
|--|-----------------|------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | 1,616.00 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column | 3,100.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | | 0.00 |
| 4. Total from Schedule F | | 68,454.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | 70,070.00 |

59

**In re Roman Reyes,
 Yvonne Iris Reyes**

Case No.

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|--|------------------|---|---|---|
| 1. Cash on hand | | Cash on Hand | J | 0.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | | Deposits of money- Chase- Checking \$19, Savings \$1 | J | 20.00 |
| | | Deposits of money- USAA- Checking \$2100, Savings \$200 | J | 2,300.00 |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | | Living Room Set, 2 Full Bed Frames | J | 5,974.00 |
| | | Household Goods- Electronics \$1000, Appliances \$1500, Furniture \$1100 | J | 3,600.00 |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Clothing | J | 700.00 |
| 7. Furs and jewelry. | X | | | |
| 8. Firearms and sports, photographic, and other hobby equipment. | | Jewelry | J | 200.00 |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | | CISD Ins. Term | J | 0.00 |
| | | EI Paso Electric Term | J | 0.00 |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| | | | | Sub-Total > (Total of this page) |
| | | | | 12,794.00 |

2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors
SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | | 401(K)-Husband | J | 6,000.00 |
| | | 403B-Wife | J | 230.00 |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars. | | 2015 Tax Refund- 271 days | J | 4,334.00 |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each. | X | | | |
| | | | | Sub-Total > (Total of this page) |
| | | | | 10,564.00 |

Sheet 1 of 2 continuation sheets attached
to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| Type of Property | N O N E | Description and Location of Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|---|
| 22. Patents, copyrights, and other intellectual property. Give particulars. | | USANA- Wife | J | 0.00 |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2006 Lincoln Navigator | J | 6,313.00 |
| | | 2002 GMC Sierra 1500 Pickup | J | 3,688.00 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | | 2 Dogs | J | 0.00 |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |

| | |
|----------------------|------------------|
| Sub-Total > | 10,001.00 |
| (Total of this page) | |
| Total > | 33,359.00 |

Sheet 2 of 2 continuation sheets attached
to the Schedule of Personal Property

(Report also on Summary of Schedules)

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

11 U.S.C. §522(b)(2)
 11 U.S.C. §522(b)(3)

Check if debtor claims a homestead exemption that exceeds
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter
with respect to cases commenced on or after the date of adjustment.)

| Description of Property | Specify Law Providing Each Exemption | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|---|---|----------------------------------|---|
| Real Property | | | |
| Homestead 108 Lake Arrowhead Dr. El Paso, TX, 79928 | 11 U.S.C. § 522(d)(1) | 0.00 | 69,380.00 |
| Cash on Hand | | | |
| Cash on Hand | 11 U.S.C. § 522(d)(5) | 0.00 | 0.00 |
| Checking, Savings, or Other Financial Accounts, Certificates of Deposit | | | |
| Deposits of money- Chase- Checking \$19, Savings \$1 | 11 U.S.C. § 522(d)(5) | 20.00 | 20.00 |
| Deposits of money- USAA- Checking \$2100, Savings \$200 | 11 U.S.C. § 522(d)(5) | 2,300.00 | 2,300.00 |
| Household Goods and Furnishings | | | |
| Living Room Set, 2 Full Bed Frames | 11 U.S.C. § 522(d)(3) | 5,974.00 | 5,974.00 |
| Household Goods- Electronics \$1000, Appliances \$1500, Furniture \$1100 | 11 U.S.C. § 522(d)(3) | 3,600.00 | 3,600.00 |
| Wearing Apparel | | | |
| Clothing | 11 U.S.C. § 522(d)(3) | 700.00 | 700.00 |
| Firearms and Sports, Photographic and Other Hobby Equipment | | | |
| Jewelry | 11 U.S.C. § 522(d)(3) | 200.00 | 200.00 |
| Interests in Insurance Policies | | | |
| CISD Ins. Term | 11 U.S.C. § 522(d)(7) | 100% of FMV | 0.00 |
| EI Paso Electric Term | 11 U.S.C. § 522(d)(7) | 100% of FMV | 0.00 |
| Interests in IRA, ERISA, Keogh, or Other Pension or Profit Sharing Plans | | | |
| 401(K)-Husband | 11 U.S.C. § 522(d)(10)(E) | 100% of FMV | 6,000.00 |
| 403B-Wife | 11 U.S.C. § 522(d)(10)(E) | 100% of FMV | 230.00 |
| Other Liquidated Debts Owing Debtor Including Tax Refund | | | |
| 2015 Tax Refund- 271 days | 11 U.S.C. § 522(d)(5) | 4,334.00 | 4,334.00 |
| Patents, Copyrights and Other Intellectual Property | | | |
| USANA- Wife | 11 U.S.C. § 522(d)(5) | 0.00 | 0.00 |
| Automobiles, Trucks, Trailers, and Other Vehicles | | | |
| 2006 Lincoln Navigator | 11 U.S.C. § 522(d)(2) | 1,038.00 | 6,313.00 |
| 2002 GMC Sierra 1500 Pickup | 11 U.S.C. § 522(d)(2) | 0.00 | 3,688.00 |
| Animals | | | |
| 2 Dogs | 11 U.S.C. § 522(d)(3) | 0.00 | 0.00 |
| | Total: | 24,396.00 | 102,739.00 |

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | C O N T I N G E N T U N L I Q U I D A T E D | D I S P U T E D | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|----------------------------|--|--|-----------------|--|---------------------------------|
| Account No. Unknown | | Furniture | | | | |
| Conn Appliances, Inc P.O. Box 2358 Beaumont, TX 77704-2358 | J | Fully Secured Living Room Set, 2 Full Bed Frames | | | | |
| | | Value \$ 5,974.00 | | | 5,974.00 | 0.00 |
| Account No. 5800 | | 2015 taxes and all other delinquent tax years | | | | |
| Tax Assessor/Collector P.O. Box 2992 El Paso, TX 79902 | J | Property Taxes to be paid by Escrow Homestead 108 Lake Arrowhead Dr. El Paso, TX, 79928 | | | | |
| | | Value \$ 69,380.00 | | | 0.00 | 0.00 |
| Account No. Unknown | | Car loan | | | | |
| Teachers FCU 12020 Rojas Drive El Paso, TX 79936 | J | 2006 Lincoln Navigator | | | | |
| | | Value \$ 6,313.00 | | | 5,275.00 | 0.00 |
| Account No. Unknown | | Car loan | | | | |
| Teachers FCU 12020 Rojas Drive El Paso, TX 79936 | J | 2002 GMC Sierra 1500 Pickup | | | | |
| | | Value \$ 3,688.00 | | | 4,894.00 | 1,206.00 |
| Subtotal (Total of this page) | | | | | 16,143.00 | 1,206.00 |

1 continuation sheets attached

B6D (Official Form 6D) (12/07) - Cont.

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | CODEBTOR H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTIN GENT | UNLIQ UIDATE D | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|--|------------------------------|--|----------------|----------------------|----------|--|---------------------------------|
| | | | | | | | |
| Account No. Unknown | | Home loan/Mortgage Post Petition Payments to be Paid Outside Plan Homestead 108 Lake Arrowhead Dr. El Paso, TX, 79928 | | | | | |
| WELLS FARGO HOME MORTGAGE P.O. BOX 10335 Des Moines, IA 50306-0335 | J | Value \$ 69,380.00 | | | | 69,790.00 | 410.00 |
| Account No. | | Value \$ | | | | | |
| Account No. | | Value \$ | | | | | |
| Account No. | | Value \$ | | | | | |
| Account No. | | Value \$ | | | | | |
| Account No. | | Value \$ | | | | | |
| Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Secured Claims | | Subtotal (Total of this page) | | | | 69,790.00 | 410.00 |
| | | Total (Report on Summary of Schedules) | | | | 85,933.00 | 1,616.00 |

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

 Administrative Expenses

Administrative expenses allowed under 11 U.S.C. § 503(b), and any fees and charges assessed against the estate under chapter 123 of title 28 as provided in 11 U.S.C. 507(a)(2).

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)
Administrative Expenses**TYPE OF PRIORITY**

| CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.) | CODEBTOR H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM | CONTINGENT UNLIQUIDATED DISPUTED | AMOUNT OF CLAIM | AMOUNT NOT ENTITLED TO PRIORITY, IF ANY | AMOUNT ENTITLED TO PRIORITY |
|---|------------------------------|--|---|--------------------|---|-----------------------------------|
| | | | | | 0.00 | |
| Account No. x4700 | | Administrative Claim | | 3,100.00 | | 3,100.00 |
| Tanzy & Borrego Law Offices, P.L.L.C. 2610 Montana Ave. El Paso, TX 79903 | J | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Sheet 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims | | | Subtotal (Total of this page) | 3,100.00 | 0.00 | 3,100.00 |
| | | | Total (Report on Summary of Schedules) | 3,100.00 | 0.00 | 3,100.00 |

In re **Roman Reyes,**
Yvonne Iris Reyes

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | Husband, Wife, Joint, or Community | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------|---------------------------------------|---|------------|--------------|----------|-----------------|
| | | | | | | | |
| Account No. 4510 | | | | | | | |
| AES/Sun Trust Bank POB 61047 Harrisburg, PA 17106 | J | Student loan Deferred Student Loan | | | | | 5,098.00 |
| Account No. Unknown | | | | | | | |
| AT & T Bankruptcy Department P.O. Box 769 Arlington, TX 76004 | J | Other debt/bill | | | | | 2,396.00 |
| Account No. Unknown | | | | | | | |
| AT & T c/o Diversified Consultants, Inc. P.O. Box 551268 Jacksonville, FL 32255 | J | Duplicate Notice | | | | | 0.00 |
| Account No. Unknown | | | | | | | |
| Attorney General 10th & Constitution N.W. Main Justice Bldg. #5111 Washington, DC 20530 | J | Duplicate Notice | | | | | 0.00 |
| Subtotal (Total of this page) | | | | | | | 7,494.00 |

14 continuation sheets attached

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. Unknown | | Medical Bill | | | | |
| Austin Radiology Association 901 W 38th St #100 Austin, TX 78705 | J | | | | | 39.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Austin Radiology Association c/o Credit Management 4200 International Parkway Carrollton, TX 75007 | J | | | | | 0.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Capital One Bank P.O. Box 30281 Salt Lake City, UT 84130 | J | | | | | 670.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Capital One Bank c/o CBE Group 1309 Technology Pkwy Cedar Falls, IA 50613 | J | | | | | 0.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Capital One Bank c/o Portfolio Recovery Associates 140 Corporate Blvd Norfolk, VA 23502 | J | | | | | 0.00 |
| Sheet no. <u>1</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 709.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. 8451 | | Medical Bill | | | | |
| Central Texas Spine Institute 6818 Austin Ctr Blvd Ste 200 Austin, TX 78731 | J | | | | | 63.00 |
| Account No. Unknown | | Medical Bill | | | | |
| Chamizal Emergency Physicians P.O. BOX 98620 Las Vegas, NV 89193 | J | | | | | 81.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Chamizal Emergency Physicians c/o Common Wealth 245 Main St Scranton, PA 18519 | J | | | | | 0.00 |
| Account No. Unknown | | Personal Loan | | | | |
| Check N Go 6560 Montana Ave El Paso, TX 79925 | J | | | | | 200.00 |
| Account No. Unknown | | Credit card debt Lawsuit | | | | |
| Citibank Box 6000 The Lakes, NV 89163-6000 | J | | | | | 1,241.00 |
| Sheet no. 2 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | Subtotal (Total of this page) | | | | 1,585.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. Unknown | | Duplicate Notice | | | | |
| Citibank c/o Rausch,Sturm,Israel,Enerson&Hornik 15660 N. Dallas Parkway Suite #350 Dallas, TX 75248 | J | | | | | 0.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Citibank c/o Portfolio Recovery Associates 120 Corporate Blvd Ste 100 Norfolk, VA 23502 | J | | | | | 0.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Citibank Box 6000 The Lakes, NV 89163-6000 | J | | | | | 1,608.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Citibank c/o Portfolio Recovery Associates 120 Corporate Blvd Ste 100 Norfolk, VA 23502 | J | | | | | 0.00 |
| Account No. 5952 | | Medical Bill | | | | |
| David Turbay, MD 5959 Gateway Blvd W Ste 120 El Paso, TX 79925-3315 | J | | | | | 40.00 |
| Sheet no. <u>3</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 1,648.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
| | | | | | | |
| Account No. Unknown | | Medical Bill | | | | |
| El Paso Children's Hospital 4845 Alameda Ave El Paso, TX 79905 | J | | | | | 19,000.00 |
| Account No. Unknown | | Medical Bill | | | | |
| El Paso Orthopaedic Surgery P.O. Box 910329 Dallas, TX 75391-0329 | J | | | | | 56.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| El Paso Orthopaedic Surgery c/o Financial Corporation of America 12515 Research Blvd Bldg 2 ste 100 Austin, TX 78720-3500 | C | | | | | 0.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| FHA/HUD 451 7th Street S.W. Washington, DC 20410 | J | | | | | 0.00 |
| Account No. Unknown | | Credit card debt | | | | |
| GE Capital Attn: Bankruptcy Dept. P.O. Box 103106 Roswell, GA 30076 | J | | | | | 662.00 |
| Sheet no. <u>4</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 19,718.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|------------------------------------|---|----------------------------------|--------------|----------|-----------------|
| | | | | | | |
| Account No. Unknown | | Duplicate Notice | | | | |
| GE Capital c/o Midland Funding LLC 8875 Aero Dr. Suite 200 San Diego, CA 92123 | J | | | | | 0.00 |
| Account No. Unknown | | Credit card debt | | | | |
| GE Capital Attn: Bankruptcy Dept. P.O. Box 103106 Roswell, GA 30076 | J | | | | | 605.00 |
| Account No. Unknown | | Credit card debt | | | | |
| GE Capital Attn: Bankruptcy Dept. P.O. Box 103106 Roswell, GA 30076 | J | | | | | 591.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| GE Capital c/o Midland Funding LLC 8875 Aero Dr. Suite 200 San Diego, CA 92123 | J | | | | | 0.00 |
| Account No. 4369 | | Medical Bill | | | | |
| Greater Dallas Healthcare Enterprise P.O. Box 840711 Dallas, TX 75284 | J | | | | | 25.00 |
| Sheet no. 5 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 1,221.00 |

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. Unknown | | Other debt/bill Deficiency Not in possession of collateral | | | | |
| Harley-Davidson Credit Corp 3850 Arrowhead Dr Carson City, NV 89706 | J | | | | | 3,244.00 |
| Account No. Unknown | | Credit card debt | | | | |
| JC Penney/Syncb Attn: Bankruptcy Dept P.O Box 965007 Orlando, FL 32896 | J | | | | | 604.00 |
| Account No. 1726 | | Other debt/bill | | | | |
| Jefferson Capital Systems 16 McLeland Road Saint Cloud, MN 56303 | J | | | | | 871.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Jefferson Capital Systems c/o First National Collection Bureau 610 Waltham Way Sparks, NV 89434 | J | | | | | 0.00 |
| Account No. 3183 | | Medical Bill | | | | |
| Jose L. Diaz-Pagan, M.D. 8230 Gateway East El Paso, TX 79907 | J | | | | | 156.00 |
| Sheet no. <u>6</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | Subtotal (Total of this page) | | | | 4,875.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|----------------------------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. 5536 | | Medical Bill | | | | |
| Jose L. Diaz-Pagan, M.D. 8230 Gateway East El Paso, TX 79907 | J | | | | | 54.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Kohl's P.O. Box 3043 Milwaukee, WI 53201-3043 | J | | | | | 591.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Kohl's c/o Credit Control, LLC 5757 Phantom Dr Ste 330 Hazelwood, MO 63042 | J | | | | | 0.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Kohl's c/o RPM 20816 44th Ave W Lynnwood, WA 98036 | J | | | | | 0.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804 | J | | | | | 1,042.00 |
| Sheet no. 7 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 1,687.00 |

In re **Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. Unknown | | Credit card debt | | | | |
| Merrick Bank P.O. Box 9201 Old Bethpage, NY 11804 | J | | | | | 1,346.00 |
| Account No. Unknown | | Other debt/bill | | | | |
| Music Arts Center 4626 Wedgewood Blvd Frederick, MD 21703 | J | | | | | 1,477.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Music Arts Center c/o A-1 Collection Service 101 Grovers Mill Rd Suite 303 Lawrence Township, NJ 08648 | J | | | | | 0.00 |
| Account No. 7721 | | Student loan | | | | |
| Navient P.O. Box 9500 Wilkes Barre, PA 18773 | J | | | | | 2,578.00 |
| Account No. 8074 | | Medical Bill | | | | |
| Orthopaedic Specialists Austin 4611 Guadalupe St Ste 200 Austin, TX 78751-2928 | J | | | | | 49.00 |
| Sheet no. <u>8</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | Subtotal (Total of this page) | | | | 5,450.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|----------------|---|------------|--------------|----------|-----------------|
| | | | C | U | D | |
| Account No. Unknown | | Student loan | | | | |
| Park University 639 Merritt Rd El Paso, TX 79906 | J | | | | | 1,108.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Park University c/o Enterprise Recovery Systems, Inc. 2000 York Rd Suite 114 Oak Brook, IL 60523 | J | | | | | 0.00 |
| Account No. 0267 | | Other debt/bill | | | | |
| Priority Communication P.O. Box 1667 Southgate, MI 48195-0667 | J | | | | | 59.00 |
| Account No. Unknown | | Other debt/bill | | | | |
| Progressive Insurance P.O. Box 94504 Cleveland, OH 44101 | J | | | | | 105.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Progressive Insurance c/o Credit Collection Services P.O. Box 9134 Needham Heights, MA 02494-9134 | J | | | | | 0.00 |
| Sheet no. <u>9</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | Subtotal (Total of this page) | | | | 1,272.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE DEBTOR | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|----------------|---|----------------------------------|--------------|----------|-----------------|
| | | | | | | 137.00 |
| Account No. Unknown | | Medical Bill | | | | |
| Providence Memorial Hospital 2001 North Oregon El Paso, TX 79902 | J | | | | | |
| Account No. Unknown | | Duplicate Notice | | | | |
| Providence Memorial Hospital c/o Central Financial Control P.O. Box 660873 Dallas, TX 75266 | J | | | | | 0.00 |
| Account No. Unknown | | Personal loan | | | | |
| Regional Finance 8720 Alameda Ave. Suite A El Paso, TX 79907 | J | | | | | 888.00 |
| Account No. Unknown | | Medical Bill | | | | |
| Salud y Vida, P.A. Family Medicine Attn: Claims Department 8030 North Loop Drive El Paso, TX 79915 | J | | | | | 77.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Salud y Vida, P.A. c/o Perez & Associates 2731 Montana Ave. Ste. #B-2 El Paso, TX 79903 | J | | | | | 0.00 |
| Sheet no. <u>10</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 1,102.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|--|--|--------------------------------------|-----------------|
| | | | C O N T I N G E N T | U N L I Q U I D A T E D | D I S P U T E D | |
| Account No. 4681 | J | Medical Bill | | | | 279.00 |
| Summit Urgent Care Center 1400 George Dieter, Ste-100 El Paso, TX 79936 | J | Duplicate Notice | | | | 0.00 |
| Account No. Unknown | J | Medical Bill | | | | 51.00 |
| Sunwest Anesthesia Management 7300 Remcon Suite 200 El Paso, TX 79912 | J | Personal loan | | | | 2,764.00 |
| Account No. Unknown | J | Credit card debt | | | | 1,000.00 |
| The Home Depot Attn: Inquiries P.O. Box 790328 Saint Louis, MO 63179 | | | | | | |
| Sheet no. 11 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 4,094.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | AMOUNT OF CLAIM | | |
|---|--------------------------|---|-----------------|--------------|-----------------|
| | | | CONTINGENT | UNLIQUIDATED | DISPUTED |
| Account No. 590 | | Medical Bill | | | 49.00 |
| Trinity Gastroenterology 3270 Joe Battle Blvd. Suite 265 El Paso, TX 79938 | J | | | | |
| Account No. Unknown | | Student loan | | | 6,885.00 |
| U.S Department of Education 2401 International PO Box 7859 Madison, WI 53704 | J | | | | |
| Account No. Unknown | | Duplicate Notice | | | 0.00 |
| U.S Department of Education c/o Great Lakes Educational Loan Service P.O. Box 7860 Madison, WI 53707 | J | | | | |
| Account No. Unknown | | Duplicate Notice | | | 0.00 |
| U.S. Attorney/FHA/HUD/IRS/VA 601 N.W. Loop 410 Suite 600 San Antonio, TX 78216 | J | | | | |
| Account No. Unknown | | Credit card debt | | | 873.00 |
| USAA Federal Savings Bank 10750 McDermott Fwy San Antonio, TX 78288-0596 | J | | | | |
| Sheet no. 12 of 14 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | Subtotal (Total of this page) | | | 7,807.00 |

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|----------------------------------|--------------|----------|-----------------|
| | | | | | | |
| Account No. Unknown | | Credit card debt | | | | |
| USAA Saving Bank 10750 McDermontt San Antonio, TX 78288 | J | | | | | 976.00 |
| Account No. Unknown | | Duplicate Notice | | | | |
| Veterans Administration Attn: Support Services Division (243) 701 Clay Avenue Waco, TX 76799-0001 | J | | | | | 0.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Wal-Mart/Syncb Attn: Bankruptcy Department P.O. Box 965024 Orlando, FL 32896 | J | | | | | 411.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Wal-Mart/Syncb Attn: Bankruptcy Department P.O. Box 965024 Orlando, FL 32896 | J | | | | | 590.00 |
| Account No. Unknown | | Credit card debt | | | | |
| Wells Fargo P.O. Box 5943 Sioux Falls, SD 57117 | J | | | | | 6,000.00 |
| Sheet no. <u>13</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | | Subtotal (Total of this page) | | | 7,977.00 |

B6F (Official Form 6F) (12/07) - Cont.

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODE H W J C | Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--------------------------|---|------------|--------------|----------|------------------|
| | | | T | E | D | |
| Account No. Unknown | | PayDay loan | | | | 1,815.00 |
| World Finance P.O. Box 6429 Greenville, SC 29606 | J | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Account No. | | | | | | |
| Sheet no. <u>14</u> of <u>14</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims | | Subtotal (Total of this page) | | | | 1,815.00 |
| | | Total (Report on Summary of Schedules) | | | | 68,454.00 |

In re

Roman Reyes,
Yvonne Iris Reyes

Case No. _____

Debtors

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code,
of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest.
State whether lease is for nonresidential real property.
State contract number of any government contract.

0

continuation sheets attached to Schedule of Executory Contracts and Unexpired Leases

In re

**Roman Reyes,
Yvonne Iris Reyes**

Case No. _____

Debtors

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors

Check if this is:

- An amended filing
- A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

| | Debtor 1 | Debtor 2 or non-filing spouse |
|-------------------------|---|---|
| Employment status | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed | <input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed |
| Current employer's name | Lineman | Social Work Clerk |
| Employer's address | EI Paso Electric Company | Clint ISD |
| Employment there? | 5 years | 1 year 1 month |

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | <u>For Debtor 1</u> | <u>For Debtor 2 or non-filing spouse</u> |
|--|-----------------------|--|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | 2. \$ <u>5,938.00</u> | \$ <u>1,576.00</u> |
| 3. Estimate and list monthly overtime pay. | 3. +\$ <u>0.00</u> | +\$ <u>0.00</u> |
| 4. Calculate gross Income. Add line 2 + line 3. | 4. \$ <u>5,938.00</u> | \$ <u>1,576.00</u> |

Debtor 1 **Roman Reyes**
 Debtor 2 **Yvonne Iris Reyes**

Case number (if known) _____

| Copy line 4 here | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|---|---|
| 4. _____ | \$ 5,938.00 | \$ 1,576.00 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 781.00 | \$ 23.00 |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ 119.00 |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 238.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ 0.00 |
| 5e. Insurance | 5e. \$ 167.00 | \$ 113.00 |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ 0.00 |
| 5g. Union dues | 5g. \$ 0.00 | \$ 0.00 |
| EP FITNESS\$43,Valic 457 | | |
| 5h. Other deductions. Specify: <u>Roth\$50,Vis\$22.00</u> | 5h.+ \$ 0.00 | + \$ 115.00 |
| <u>Dent/Vis/Med\$469,401(k) Ln\$59.00</u> | | |
| 5h. Other deductions. Specify: <u>Roth\$50,Vis\$22.00</u> | 5h.+ \$ 0.00 | + \$ 115.00 |
| 5h. Other deductions. Specify: <u>Dent/Vis/Med\$469,401(k) Ln\$59.00</u> | 5h.+ \$ 0.00 | + \$ 115.00 |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 1,714.00 | \$ 370.00 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 4,224.00 | \$ 1,206.00 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ 0.00 |
| 8e. Social Security | 8e. \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | 8g. \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: <u>Tax Refund</u> | 8h.+ \$ 400.00 | + \$ 0.00 |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 400.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 4,624.00 | + \$ 1,206.00 = \$ 5,830.00 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. +\$ 0.00 | \$ 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | 12. \$ 5,830.00 | \$ 5,830.00 |
| 13. Do you expect an increase or decrease within the year after you file this form? | <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | |
| Combined monthly income | | |

Fill in this information to identify your case:

| | |
|--|--------------------------|
| Debtor 1 | Roman Reyes |
| Debtor 2 | Yvonne Iris Reyes |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: WESTERN DISTRICT OF TEXAS | |
| Case number (If known) | _____ |

Check if this is:

- An amended filing
- A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J
Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. **Does Debtor 2 live in a separate household?**

No

Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? No

Yes. Fill out this information for each dependent.....

| Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
|---|--------------------|--|
| Daughter | 7 | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Daughter | 9 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Son | 14 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Daughter | 16 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Mother | 62 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes |

3. Do your expenses include expenses of people other than yourself and your dependents?

Part 2: Estimate Your Ongoing Monthly Expenses

expenses as of a date after the bankruptcy is filed if it is applicable date.

Include expenses paid for with non-cash government assistance if you know

Include expenses paid for transportation such government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. **The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.

4. \$ 659.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

5. **Additional mortgage payments for your residence**, such as home equity loans

4a. \$ _____ **0.00**
4b. \$ _____ **0.00**
4c. \$ _____ **100.00**
4d. \$ _____ **0.00**
5. \$ _____ **0.00**

Debtor 1 **Roman Reyes**
 Debtor 2 **Yvonne Iris Reyes**

Case number (if known) _____

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ 215.00 |
| | 6b. Water, sewer, garbage collection | 6b. \$ 160.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ 710.00 |
| | 6d. Other. Specify: _____ | 6d. \$ 0.00 |
| 7. Food and housekeeping supplies | 7. \$ 1,156.00 | |
| 8. Childcare and children's education costs | 8. \$ 160.00 | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ 250.00 | |
| 10. Personal care products and services | 10. \$ 150.00 | |
| 11. Medical and dental expenses | 11. \$ 150.00 | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ 520.00 | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ 100.00 | |
| 14. Charitable contributions and religious donations | 14. \$ 50.00 | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ 0.00 | |
| 15b. Health insurance | 15b. \$ 0.00 | |
| 15c. Vehicle insurance | 15c. \$ 240.00 | |
| 15d. Other insurance. Specify: _____ | 15d. \$ 0.00 | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ 0.00 | |
| 17. Installment or lease payments: | 17a. \$ 0.00 | |
| 17b. Car payments for Vehicle 2 | 17b. \$ 0.00 | |
| 17c. Other. Specify: _____ | 17c. \$ 0.00 | |
| 17d. Other. Specify: _____ | 17d. \$ 0.00 | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6i). | 18. \$ 0.00 | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | \$ 0.00 | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | 19. | |
| 20a. Mortgages on other property | 20a. \$ 0.00 | |
| 20b. Real estate taxes | 20b. \$ 0.00 | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ 0.00 | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ 0.00 | |
| 20e. Homeowner's association or condominium dues | 20e. \$ 0.00 | |
| 21. Other: Specify: Misc\$115,Pet\$100,Exterminator\$65,Stamps\$35 Extra School Curricular Activities\$150,Eating out\$215.00 | 21. +\$ 315.00 | |
| | +\$ 365.00 | |
| 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. | 22. \$ 5,300.00 | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ 5,830.00 | |
| 23b. Copy your monthly expenses from line 22 above. | 23b. -\$ 5,300.00 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ 530.00 | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | | |
| Explain: _____ | | |

**United States Bankruptcy Court
Western District of Texas**

In re Roman Reyes
Yvonne Iris Reyes

Debtor(s)

Case No.

Chapter 13

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date September 28, 2015

Signature /s/ Roman Reyes
Roman Reyes
Debtor

Date September 28, 2015

Signature /s/ Yvonne Iris Reyes
Yvonne Iris Reyes
Joint Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

United States Bankruptcy Court
Western District of Texas

In re **Roman Reyes**
Yvonne Iris Reyes

Case No.
 Chapter

13

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| AMOUNT | SOURCE |
|--------------------|--|
| \$73,525.00 | 2015 YTD: Debtor El Paso Electric Company |
| \$89,858.00 | 2014: Debtor El Paso Electric Company |
| \$65,781.00 | 2013: Debtor El Paso Electric Company |
| \$15,770.00 | 2015 YTD: Spouse Clint ISD |
| \$21,210.00 | 2014: Spouse One Main Financial/Clint ISD |
| \$21,210.00 | 2013: Spouse One Main Financial |

B7 (Official Form 7) (04/13)

2

2. Income other than from employment or operation of businessNone

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | |
|-----------------------------|--|
| AMOUNT \$6,040.00 | SOURCE 2014: Spouse TWC |
| \$12,058.00 | 2014: Spouse CitiGroup 401(K) Plan/CitiGroup/USANA Health Science, Inc. |

3. Payments to creditorsNone

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | | |
|--|---|----------------------------------|---|
| NAME AND ADDRESS OF CREDITOR WELLS FARGO HOME MORTGAGE P.O. BOX 10335 Des Moines, IA 50306-0335 | DATES OF PAYMENTS Past 90 Days | AMOUNT PAID \$1,977.00 | AMOUNT STILL OWING \$69,790.00 |
|--|---|----------------------------------|---|

None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | | |
|------------------------------|------------------------------------|--|-----------------------|
| NAME AND ADDRESS OF CREDITOR | DATES OF PAYMENTS/ TRANSFERS | AMOUNT PAID OR VALUE OF TRANSFERS | AMOUNT STILL OWING |
|------------------------------|------------------------------------|--|-----------------------|

None

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | | |
|--|-----------------|-------------|-----------------------|
| NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR | DATE OF PAYMENT | AMOUNT PAID | AMOUNT STILL OWING |
|--|-----------------|-------------|-----------------------|

4. Suits and administrative proceedings, executions, garnishments and attachmentsNone

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| | | | |
|------------------------------------|-------------------------|---------------------------------|--------------------------|
| CAPTION OF SUIT AND CASE NUMBER | NATURE OF PROCEEDING | COURT OR AGENCY AND LOCATION | STATUS OR DISPOSITION |
|------------------------------------|-------------------------|---------------------------------|--------------------------|

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B7 (Official Form 7) (04/13)

3

| | | | |
|---|--|---|--|
| CAPTION OF SUIT AND CASE NUMBER Portfolio Recovery Associates LLC assignee of Citibank | NATURE OF PROCEEDING Debt Claim | COURT OR AGENCY AND LOCATION Justice of the Peace Precinct Six Place One El Paso County, Texas | STATUS OR DISPOSITION Filed |
| vs. Roman Reyes Case no. 6.115-00369-DB | | | |

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------|--------------------------------------|
|---|-----------------|--------------------------------------|

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR OR SELLER Hailey Davidson Credit | DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN 2014 | DESCRIPTION AND VALUE OF PROPERTY Repossession 2006 HD 183 Sportster \$3244.00 |
|--|--|---|
|--|--|---|

6. Assignments and receiverships

None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|
|------------------------------|-----------------------|-----------------------------------|

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CUSTODIAN | NAME AND LOCATION OF COURT CASE TITLE & NUMBER | DATE OF ORDER | DESCRIPTION AND VALUE OF PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON OR ORGANIZATION Abundant Living Faith Center | RELATIONSHIP TO DEBTOR, IF ANY Church | DATE OF GIFT Tithing | DESCRIPTION AND VALUE OF GIFT \$300.00 |
|--|--|--------------------------------|---|
|--|--|--------------------------------|---|

8. LossesNone

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

9. Payments related to debt counseling or bankruptcyNone

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS OF PAYEE | DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|--|---|--|
| Access | 9/23/15 | \$25.00 |
| Tanzy & Borrego Law Offices, P.L.L.C. 2610 Montana Ave. El Paso, TX 79903 | 9/25/15 | \$100.00 |

10. Other transfersNone

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR | DATE | DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED |
|---|--|---|
| None <input checked="" type="checkbox"/> | b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary. | |
| NAME OF TRUST OR OTHER DEVICE | DATE(S) OF TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY |

11. Closed financial accountsNone

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE OR CLOSING |
|---------------------------------|--|---------------------------------------|
|---------------------------------|--|---------------------------------------|

12. Safe deposit boxesNone

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY | NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY | DESCRIPTION OF CONTENTS | DATE OF TRANSFER OR SURRENDER, IF ANY |
|--|---|-------------------------|---------------------------------------|
|--|---|-------------------------|---------------------------------------|

13. SetoffsNone

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|
|------------------------------|----------------|------------------|

14. Property held for another personNone

List all property owned by another person that the debtor holds or controls.

| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|
|---------------------------|-----------------------------------|----------------------|

15. Prior address of debtorNone

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|
|---------|-----------|--------------------|

16. Spouses and Former SpousesNone

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|
|-----------------------|---------------------------------------|----------------|-------------------|

B7 (Official Form 7) (04/13)

6

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|---|--|----------------|-------------------|
| | | | |
| 18 . Nature, location and name of business | | | |
| None <input type="checkbox"/> | a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. | | |

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME | LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN | ADDRESS | NATURE OF BUSINESS | BEGINNING AND ENDING DATES |
|-------|---|---|--------------------------------------|----------------------------|
| USANA | 2486 | 108 Lake Arrowhead El Paso, TX 79928 | Networking for supplemental vitamins | 2014-Present |

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

| NAME | ADDRESS |
|------|---------|
|------|---------|

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

| NAME AND ADDRESS | DATES SERVICES RENDERED |
|------------------|-------------------------|
| Spouse | 2014-Present |

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

B7 (Official Form 7) (04/13)

7

| NAME | ADDRESS | DATES SERVICES RENDERED |
|---|---|-------------------------|
| None <input checked="" type="checkbox"/> | c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain. | |
| NAME | ADDRESS | |
| None <input checked="" type="checkbox"/> | d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case. | |
| NAME AND ADDRESS | DATE ISSUED | |

20. Inventories

| | | |
|---|--|---|
| None <input checked="" type="checkbox"/> | a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory. | DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis) |
| DATE OF INVENTORY | INVENTORY SUPERVISOR | |
| None <input checked="" type="checkbox"/> | b. List the name and address of the person having possession of the records of each of the inventories reported in a., above. | |
| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS | |

21 . Current Partners, Officers, Directors and Shareholders

| | | |
|---|--|--|
| None <input checked="" type="checkbox"/> | a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership. | PERCENTAGE OF INTEREST |
| NAME AND ADDRESS | NATURE OF INTEREST | |
| None <input checked="" type="checkbox"/> | b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation. | |
| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE OF STOCK OWNERSHIP |

22 . Former partners, officers, directors and shareholders

| | | |
|---|---|---------------------|
| None <input checked="" type="checkbox"/> | a. If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case. | DATE OF WITHDRAWAL |
| NAME | ADDRESS | |
| None <input checked="" type="checkbox"/> | b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case. | |
| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |

B7 (Official Form 7) (04/13)

8

23 . Withdrawals from a partnership or distributions by a corporation

None If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR | DATE AND PURPOSE OF WITHDRAWAL | AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

24. Tax Consolidation Group.

None If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

25. Pension Funds.

None If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PENSION FUND | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------|--------------------------------------|
|----------------------|--------------------------------------|

* * * * *

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/28/15

Signature /s/Roman Reyes
Roman Reyes
Debtor

Date 9/28/15

Signature /s/Yvonne Iris Reyes
Yvonne Iris Reyes
Joint Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

UNITED STATES BANKRUPTCY COURT
Western District Of Texas
El Paso Division

In Re: Roman Reyes
Yvonne Iris Reyes

Case No.
Chapter 13

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|-------------------|
| For legal services, I have agreed to accept | \$ <u>3200.00</u> |
| Prior to the filing of this statement I have received | \$ <u>100.00</u> |
| Balance Due | \$ <u>3100.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required in the Chapter 13;
c. Representation of the debtor at the Chapter 13 meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
d. [Other provisions as needed]

Representation of the debtors in other contested bankruptcy matters; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. One Motion to Modify or Motion for Moratorium.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

- a. **No other legal matters (e.g., divorce, criminal, real estate, car title, tax problems, or title transfers);**
- b. **No adversary proceedings;**
- c. **No disputes, litigation, motions or hearings with the Internal Revenue Service;**
- d. **No legal services that do not directly involve the repayment of debts under the Chapter 13 Plan;**
- e. **No disputes or other matters with the Credit Bureau; and**
- f. **Non routine matters (e.g. Motions to Incur Debt, Motions to Buy Property, Motions to Sell Property and any Expedited matters);**
- g. **Notice of Conversions to Chapter 7.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 9/28/2015

/s/ Miguel Flores
Miguel Flores 24036574
Attorney for Tanzy & Borrego
Law Offices, P.L.L.C.
2610 Montana Avenue
El Paso, TX 79903-3712
(915) 566-4300 Fax: (915) 566-1122
efile@tanzyborrego.com